

April 09, 2003

New Student  
121 Main Street  
Anytown, ME 00000

Dear New Student:

It is my pleasure to welcome you the Loring Job Corps Center, Home of the NORTHSTARS. I congratulate you on your decision to "Make a Difference In Your Life" and your choice of Loring Job Corps Center. We are anxious to meet you in person and support you in achieving your goals.

Enclosed with this letter are various pieces of correspondence designed to help prepare you for your learning experience at Loring. They are:

- |   |   |
|---|---|
| ✓ Learning Environment                      | ✓ Medical Information                                 |
| ✓ General Information - What to bring, etc. | ✓ Vocational Overview                                 |
| ✓ Contact Persons & Phone Numbers           | ✓ Travel Information                                  |
| ✓ Dress Code                                | ✓ Directions & Map to Center                          |
| ✓ Expectations as a Student                 | ✓ Forms to be completed along with document checklist |

For most students, it is a big step to leave home and pursue education which will put you on the right track for a career. I commend you for making that decision and pledge that our staff will do everything possible to help you succeed. Your commitment to yourself and the Job Corps Program will guarantee your success.

Your Career Advisor explained Job Corps' Zero Tolerance Policy for Violence, Drugs and Alcohol. Please remember that Loring is a Drug, Alcohol and Violence Free Campus. If any student is found in possession of drugs or alcohol, they are immediately sent home without completing the program. You can help us maintain a drug and alcohol free environment by talking responsibility for your actions and staying committing to your education. ***Education and drugs do not mix.*** Also, if you have been involved in violence or intimidation in the past, leave it in the past and don't bring it here.

Currently Loring Job Corps Center is ranked the Number One Center in Region I. Our students and staff have achieved that success through maintaining a positive learning environment and giving students lots of opportunities to take responsibility and develop their leadership skills and talents.

I look forward to meeting you at the Welcome Breakfast on Wednesday morning. Please remember to bring your original birth certificate and Social Security Card with you along with at least two emergency contact phone numbers and addresses. Also, carry this letter with you while you travel to your new home away from home, Loring Job Corps Center. If you have any questions, Please contact Rick Adams at 207-328-4212 or toll free 1-888-216-2034, Ext. 7225.

Sincerely,



Jim Posey  
Center Director

Enclosures

## **Welcome to Loring Job Corps**



On behalf of the entire staff at Loring Job Corps, we welcome you to your new home away from home. We are extremely proud of our students' accomplishments and await to see your name on the long list of Loring Job Corps graduates.

Loring Job Corps assists our students to move their lives in a new direction. We aid our students in gaining technical skills of a trade enabling them to be employable through the Career Development Services System Job Corps methodology. With this focus, we offer a challenging academic curriculum which prepares our students to enter multiple avenues of advancement. Their paths can lead them to the world of work, military service, technical college training, advanced Job Corps training, or university studies.

Our center programs operate under an open entry/exit environment. This learning approach allows students to start their learning where ever they are educationally, and advance to their highest level of achievement after they have demonstrated mastery. A fundamental outcome at Loring Job Corps is to help each student attain their highest level in Reading, Math, written and oral communication, good work ethics, personal growth, and vocational competencies.

Loring Job Corps is a Maine Department of Education accredited "Non Traditional Limited Purpose High School" with an experienced state certified teaching staff. Our school is aligned with numerous area high schools enabling our students to obtain their high school diploma either from their home town school or by cooperative high school diploma program which enables any student (from any state in New England) to obtain their high school diploma.

Our services begin with Career Preparation which includes technology training, job opportunity training, and support services following graduation. We maintain high expectations for our students. As all forms of education are individually focused, at Loring Job Corps, every student and staff will strive for the very best, confront any obstacles, and celebrate their successes.

### **Educational Training Objective:**

Loring Job Corps places students in educational classes and helps them earn either a GED (General Equivalency Diploma) or a High School Diploma. Class sizes, which are generally small, allows for individualized educational classes. Enrichment programs are offered in our evening Career Development Services System program, as well as many onsite diversified programs that teach students how to complete a resume and how to conduct themselves successfully in a job interview. Students will begin developing an electronic portfolio in their first weeks of the Career Preparation Phase, and will continue to update during their Career Development Phase.

### **Education Pre-Testing and Evaluation:**

All students are tested on Reading and Math skills during the Career Preparation Phase. These TABE (Test of Adult Basic Education) scores determine what level of assistance the student will receive in our academic program.

At this phase of a student's training, they will receive essential work skill training such as problem solving, computer introduction, communication skills, leadership development, diversity awareness and social interaction familiarity. Also during this phase we will provide health screening for each student, English as a Second Language training for those students needing assistance with English as a second language. Screen students for the need of a driver's license and expose students to clubs and recreational activities that exist at Loring Job Corps.

During this initial phase of a student's training the student will tour and job shadow the pre arrival vocational choice they expressed interest in during their Career Preparation Phase into Job Corps. They will also study the employment potential within their selected vocations and geographic job market trends.

### **Vocational Enterprise Training:**

Loring Job Corps offers different vocational training programs with all having multiple levels of competencies. These programs are:

- Insurance Billing
- Medical Transcriptionist
- Medical Records Clerk
- Medical Receptionist
- Carpentry
- Cement Masonry
- Certified Nursing Asst.
- Culinary Arts
- Diesel Gas Mechanics
- Electrical Wiring
- Commercial Drivers License
- Outdoor Recreation
- Painting
- Web Page Design
- Computer Field Technician
- ACT Program (Advanced Career Training)
- Computer Service Repair



Each of the vocational training programs are clustered into WORKS Enterprise. There are a total of six WORKS enterprises on center. The six enterprises are:

- Auto WORKS (Diesel Gas Mech., Commercial Drivers License)
- Business WORKS (Insurance Billing; Medical Trans.; Medical Records Clerk; Medical Receptionist)
- Computer Tech WORKS (Computer Field Tech, Computer Service Repair, Web Page Design)
- Construction WORKS (Carpentry, Cement Masonry, Electrical Wiring, Painting)
- Culinary WORKS
- Outdoor Rec. WORKS

The WORKS Enterprise mission is two-fold:

To promote the economic well-being of individuals, families and communities by

Developing in the individual an occupational foundation for sustainable employability

To enhance the life of the community by directing the work of the enterprise to meet community needs.

WORKS Enterprises Core Values:

- ❖ People learn best by doing authentic and meaningful work
- ❖ Students deserve an education that meets their needs and that allows them to be in control of their learning goals
- ❖ Constructivist learning principles underlie high-performing, educational environments
- ❖ All students can learn to higher levels

- ❖ Technological fluency is a 21<sup>st</sup> Century basic skill
  - Develop in students a capacity for life-long learning

WORKS Enterprise Organizational design on Loring Job Corps:

The organizational design is a thematic, production learning environment where all Students have experience in the planning, running and evaluation of the business Activities of the enterprise. Appropriate academic work is embedded in the daily running of the enterprise and, whenever possible, leads to a high school diploma. Third party Certifications provide opportunities for students to demonstrate learning. Career Development Services System provides for the management of occupational goals and successes. Loring Job Corps Center service activities and large portions of management and maintenance are provided by Students in appropriate Enterprises.

### **Enterprise Performance Assessment**

The Enterprise Performance Assessment is a culminating educational assessment activity designed to allow the completing student to demonstrate their learning and achievement while attending Loring Job Corps.

When the student completes a bonus level in their vocational program Training Achievement Record, the student will propose a performance assessment project to the Enterprise team. After the project proposal has been accepted, the student will be given a time line for project completion and demonstration date. The student progress will be monitored by the Enterprise team during the project development. The student will need to complete a passing grade level achievement (set by the Enterprise Team), when project is presented to the Enterprise team. After the student achieves a passing score on their performance assessment rubric, the Enterprise team must recommend, to Director of Learning, the completed student be awarded a high school diploma.

We again are pleased your interest lies with Loring Job Corps. We have a lot to offer to our students and we believe you too can find success with us. If you have any questions or concerns please don't hesitate to give us a call and let's start your future today!

Yours in education,

Loring Job Corps Staff

**LORING JOB CORPS CENTER**  
*Career Preparation Staff*  
*Contact List*

Congratulations on behalf of the Career Preparation Staff at Loring Job Corps Center on your decision to take this step toward improving your education and your vocational training. The first phase of your program will be a time of transition and the Career Preparation Staff are here to support and guide you through the process. Below is a listing of the names and phone numbers of the staff that will be working closely with you during your Career Preparation Period. Please feel free to contact us should you have any questions or concerns. We will be happy to assist you as you prepare for your arrival to Loring Job Corps Center.

The **TOLL FREE** number for each of these extensions is:  
**1 888- 216-2034**

Bab Cote - Career Preparation Supervisor      ext: 7575

Roberta Reed - Career Preparation Manager      ext: 7546

Tammy Foster - Getting Started Instructor      ext: 7121

Ed Lower - WC/IT Instructor      ext: 7544

Chad G.    - Career Exploration Instructor      ext: 7543

*Please leave a voice message if the person you are trying to reach is not available or try another extension.*

Sincerely Yours,

The Career Preparation Team

# GENERAL INFORMATION

## Minimum Clothing Requirements While in Job Corps

*Clothing should be suitable for your workday.* Special work clothing will be provided for certain vocations for example: Electrical, Masonry, Carpentry and Painting



1	Pair of Boots (warm enough for winter)	1	Coat/jacket (seasonably warm)
1	Pair of Sneakers/Shoes	1	Athletic Supporter (males)
3-6	Pairs of Socks	1	Bathrobe
3-6	Pairs of Pants (jeans/cords/khakis) or Skirts	1	Bathing Suit
3-6	Shirts/Jerseys/Blouses	1	Alarm Clock
3-6	Pairs of Underwear	2	Bath Towels
2	Bras (females)		

## Suggested Clothing Items to Bring

2-3	pairs of Gym Shorts & Shirts or Sweat Suits	Raincoat & Hat
2-3	<i>pairs of Thermal Underwear (Seasonal)</i>	<i>Winter Hat &amp; Gloves/Mittens</i>

All clothing must be in good condition and comply with center dress code. (i.e., no drug, alcohol or tobacco symbols, no gang related insignias or representation of colors, no obscene/offensive messages or pictures/symbols.)

## Items That You Should/Must Bring to Center

\*Any forms contained in this packet that need to be filled out

\*All documents listed on the Document Checklist form

\*Prescription medication (We must have a letter from your physician explaining what the medication is and why you are taking it.)

\*Personal care items such as deodorant, shampoo, toothpaste, razors, hair dryer, etc. (No aerosol products are allowed. This is a Health and Safety regulation and will be enforced.)

\*Personal belongings that are in compliance with Job Corps expectations that will make your stay more comfortable.

\*\*You may bring a small television (no more than 13"), VCR, radio or personal stereo, video game systems. (Televisions are located in the student lounges on each wing for general use.)

**\*\*We strongly suggest that you do not bring valuable/expensive personal items (jewelry, leather jackets, large sums of cash, etc). If these articles are lost or stolen, the government will only reimburse up to \$300.00 and it may take upwards of 6 months to process such a claim!**

### **ITEMS THAT YOU CANNOT BRING TO JOB CORPS**

- \*No cell phones and beepers.**
- \*No tattooing equipment or ink**
- \*No bandanas**
- \*No Illegal Items: drugs, alcohol, stolen property, firearms, knives, num chucks, throwing stars, etc.**
- \*No candles or incense**
- \*No small electric cooking appliances: hot plate, popcorn popper, coffee maker, microwave (one is available on each wing for student use), etc.**
- \*No motorized vehicles: cars, trucks, vans, motorcycles, motor scooters, snowmobiles, ATVs, etc.**
- \*No posters/pictures that contain: offensive/obscene messages or that depict drugs, alcohol, tobacco products, gang related symbols, firearms, or contain nudity or are sexually suggestive (including "Bikini" posters) etc.**

### **Items Provided By The Center**

- \*Room Furniture**
- \*Bedding (2 sheets, 1 pillow & case, 1 blanket, 1 Bedspread)**
- \*2 Towels & 2 Face Cloths**
- \*Laundry Bag**
- \*Washers/Dryers**
- \*Laundry Soap**
- \*Irons and Ironing Boards**

## ***Loring Job Corps Center Dress Expectations***

All students at Loring Job Corps are expected to dress appropriately for the training day. Our goal is to prepare you for employment and appropriate appearance is a major factor. You are responsible for the laundering and ironing of your clothes.

### **What is expected of you...**

1. Students must be clean and well groomed at all times. Clothing should be clean and free of holes and tears.
2. Gang-related symbols or dress is not tolerated. Beads, scarves, bandanas or colors which may represent gangs or gang behavior are not permitted at any time. The Zero Tolerance Policy makes this an automatic issue to be brought before a Center Review Board.
3. Cross-gender dressing is not allowed on center. This includes makeup for males.
4. Students must be properly clothed when in lounges, common areas, and recreational facilities. Bathrobes, slippers or nightclothes may not be worn in public areas.
5. Hair should be neat and clean. Excessive or drastic styles that may be deemed inappropriate for the work place, which include names or symbols carved into the hair are not allowed - even during leisure time. Any hair color that is unnatural is also not permitted.
6. Colored contacts that are not a natural eye color or that change the appearance/shape of the eye are not allowed on center. Sunglasses are not allowed in any building without written medical permission from a physician.
7. Shirts and blouses must be worn buttoned so that chest and stomach are not exposed. Appropriate undergarments including bras for women must be worn at all times when in public.
8. Pants are to be worn at waist level. Rolled up pant legs are not allowed.
9. Shoes must be worn at all times and be properly tied or fastened. Slippers or shower shoes may not be worn outside of the dormitories. Assigned vocational foot-gear must be worn during that aspect of the training day.
10. Shorts, culottes and skirts must not reveal more than half the leg above the knee.
11. Clothing or jewelry which display messages or pictures depicting drugs, alcohol, sex, obscene or satanic language, and slurs against other ethnic groups are not permitted.
12. Facial piercing, including tongue rings, are not to be worn during the training day. Excessive jewelry or makeup and black nail polish is not permitted.





# CLOTHING

## *During Work Hours*

Clothing must be appropriate for your vocation.

For example, uniforms or coveralls in the Construction trades and medical uniforms or smocks in the Certified Nurses Assistant program are expected to be worn. Cutoffs, short skirts, spandex shorts or leggings, boxers, sweat pants or other athletic gear are not appropriate during the workday.

Students are expected to follow any special dress requirements in their vocational area. All safety clothing, including safety shoes and glasses, must be worn in accordance with safety regulations.



Cross gender dressing is not allowed on center at any time. This includes the use of makeup for males.

Walkmen, headsets, radios, Game Boys and stuffed animals are to be left in the dorm during the training day.

## *Leisure Time Hours*

Dress may be more casual but must still conform to the guidelines listed above. Attire may not be overly suggestive or provocative. Tube tops, halters, and undergarments are not to be worn as outerwear. Shirts must be worn at all times when in public.

## **Student Mailing Address/Phone Access**

Students can receive mail and packages while in Job Corps. Packages are required to be opened in the presence of a staff person for safety reasons.

**The mailing address for students is as follows:**

**Student's Name**  
**Loring Job Corps Center**  
**36 Montana Road**  
**Limestone, ME 04750**

Students will receive a personal mail box number after they arrive and should forward it to family/friends.

**Phone Numbers for the Center: 1-207-328-4212**  
**Toll Free: 1-888-216-2034**

There are pay phones available for your use on each wing of the dorms. It is recommended that you bring a phone card.

## **Allotments**

If you have a husband, wife, or child who depends upon you for financial help, you can have an allotment of \$5, \$10, or \$15 per bi-weekly pay role sent home. Only one person can receive an allotment. The government will match the allotment you choose by 5x the amount. (Example: \$5 x 5 = \$25 per bi-weekly pay role.) Your share will be deducted from the Transition Funds you receive when you leave the Job Corps program.

During your application/interview, an initial assessment was made on your eligibility for an allotment. If you are eligible or you believe that your eligibility for an allotment has changed, bring the following information with you.

**IF YOU HAVE A**  
**Wife, Husband**  
**Child**

**BRING**  
**Your marriage certificate**  
**His/her birth certificate**

During your meeting with the Data Management Staff, this information will be added to your file and the paperwork for your allotment payments will be done.

## Travel

Travel arrangements are made through the Data Management office at Loring Job Corps Center. Your Career Advisor is responsible for assuring that your tickets are available to you prior to your departure. ***Please ensure that you travel at the time marked on your ticket.***

Listed below are the baggage limitations when traveling by plane or bus.

### Airlines

The Airlines will accept for each ticketed passenger three (3) pieces of baggage free of charge. Combined checked and carry-on baggage allowance for plane travel may be any of the following:

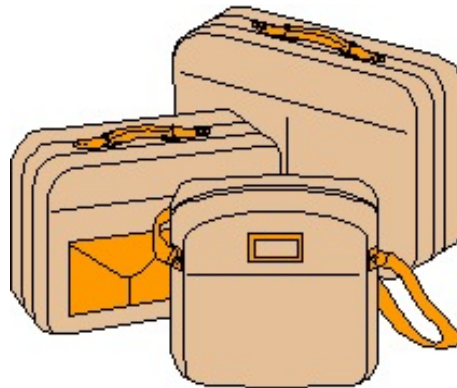
- 3 pieces checked and no carry-on
- 2 pieces checked and 1 carry-on
- 1 piece checked and 2 carry-on

The three bags may not exceed total outside dimensions (length/width/height) of 62", 55" and 45". The maximum weight per bag is 70 lbs.

***For security reasons, please do not leave your baggage unattended. Arrive at the airport at least two hour before your flight is scheduled to depart and you will need a picture ID to present at the ticket counter.***

### Bus

Most bus companies, including Greyhound Line, Inc., will accept for each ticketed passenger holding an adult fare bus ticket, two (2) pieces of baggage.



# **LORING JOB CORPS CENTER**

## **Vocational Overview Packet**

All applicants are expected to successfully complete a Job Shadow Training Achievement Record and participate in an interview with the Enterprise Core Team prior to assignment to their vocation.

A student who is seeking to earn a High School Diploma must complete the Diploma Level in their vocation and fulfill the requirements established through the Education and Training Department at LJCC.

The expectation for all students enrolled at LJCC is that they attain the highest level of training possible within their vocation, obtain their GED/High School Diploma, pass any certification requirements and complete Driver's Education to ensure sustainable employment upon completion.

Please feel free to contact the Works Enterprise Manager/Coordinator listed below with any questions pertaining to a specific vocation at this toll free number: 1-888-216-2034.

**ConstructionWORKS** - Bob Price (ext. 7751)

**MedicalWORKS** - TBA (ext. 7133)

**AutoWORKS** - Mike Kinney (ext. 7576)

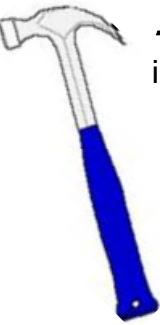
**CulinaryWORKS** - Lori Fitzpatrick (ext. 7506)

**RecWORKS** - Brad Barbarula (ext. 7563)

**TechWORKS** - Tom Powers (ext. 7103)

**ConstructionWORKS**

*Prerequisites* - Should be 18 years of age at the time of graduation in order to obtain a job in construction due to insurance reasons. Participants should be physically able to perform lifting, climbing and work in challenging environments.



**-Carpentry:** Involves most aspects of new home construction to include framing, sheathing, installing window/doors, roofing and finish work.

**\*Diploma Level:** Carpenter's Helper - Level (B) which can be obtained in 6-14 months.

NOTES: \_\_\_\_\_



**-Electrical:** Involves residential/commercial wiring to include basic wiring, entrance panels, conduit and installation of light fixtures and receptacles.

**\*Diploma Level:** Electrician's Helper - Level (B) which can be obtained in 6-14 months.

NOTES: \_\_\_\_\_

**-Painting:** Instruction in finishing dry wall to include application of primers, base and finish coats of paint. Painting trim wall covering and borders are also part of the curriculum.

**\*Diploma Level:** Painting Technician - Level (B) which can be obtained in 3-9 months.



taping/mudding, and application of

obtained in 3-9

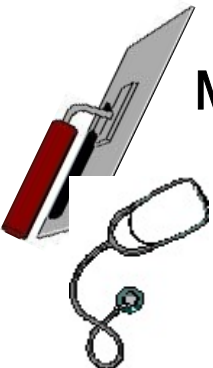
NOTES: \_\_\_\_\_

**-Masonry:** Instruction in concrete flatwork to include pouring slabs, stamped patios, scaffolding and vertical concrete walls. *Course does not include brick and block work.*

**\*Diploma Level:** Concrete Helper - Level (C) which can be obtained in 8-12 months. Highest level of completion is Concrete Technician - Level (A) which can take 11-14 month.

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## MedicalWORKS



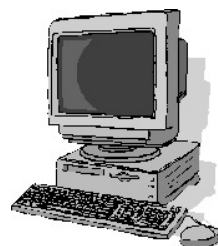
**-Certified Nurse Assistant (CNA):** Training consists of classroom and clinical instruction in nurse assisting. This training includes the care of nursing home residents and the medical aspects of the nursing field. Successful completion of classroom and clinical

instruction are required for certification eligibility.

**\*Diploma Level:** Certified Nurse Assistant - Level (A) which can be obtained in 4-6 months.

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**-Medical Insurance Billing/Coding:** Includes training insurance claim forms, preparation of Eligibility of Benefits (EOB) medical service coding and transcription of medical provider's documents.



in health  
statements,  
written

**\*Diploma Level:** Medical Billing/Encoding Clerk - Level (A) obtained in 8-12 months.

which can be

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**-Medical Receptionist:** Includes training in medical office procedures such as answering phones, taking messages, typing letters, medical forms software and customer service.

**\*Diploma Level:** Medical Receptionist - Level (A) which can be obtained in 8-12 months.

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**-Medical Records:** Includes training in medical office procedures such as filing records, medical forms software and customer service.

**\*Diploma Level:** Medical Records Technician - Level (A) be obtained in 8-12 months.



which can

NOTES: \_\_\_\_\_

**-Medical Transcriptionist:** Includes training in transcription equipment operations, computer operations and medical terminology.



**\*Diploma Level:** Medical Transcriptionist - Level (A) which can be obtained in 8-12 months.

NOTES: \_\_\_\_\_

## AutoWORKS

**Prerequisites:** Must be at least 18 years of age for Commercial Drivers Licenses (CDL).



**-Commercial Drivers Licenses (CDL):** Drivers license is not required for entrance into program; however, your right to operate must not be suspended in any state. Training covers vehicle familiarity, state and federal traffic laws and Department of

Transportation (DOT) operator requirements.

**\*Diploma Level:** Vehicle Operator - Bus (B) which can be obtained in 4-6 months. The highest level of completion is a full CDL License.

NOTES: \_\_\_\_\_

***-Diesel/Auto Gas Repair:*** Involves extensive training in assemblies and fuel delivery systems, including familiarization and chassis lubrication, wheels and breaking system and general automotive repair.



engine  
with engine  
maintenance

**\*Diploma Level:** Automotive Technician - Level (B) which can be obtained in 5-7 months for both Diesel and Auto/Gas repair.

NOTES: \_\_\_\_\_

## CulinaryWORKS



***-Culinary Arts:*** Basic instruction in food preparation/handling and sanitation in both a dining hall and restaurant setting. The basic level is Food Handler - Level (A) training which takes approx 3-4 months and is conducted in the Loring Job Corps dining facility. This includes early morning and afternoon rotations.

**\*Diploma Level:** Preparation Cook 1 - Level (B) which can be obtained in 7-10 months. The highest training level is Preparation Cook 2 -Level C which can be obtained in 7-12 months.

NOTES: \_\_\_\_\_

## RecWORKS



***-Outdoor Recreation:*** Instruction is based on providing opportunities for students to become outdoor leaders. Includes training to guide or instruct seasonal and team building.

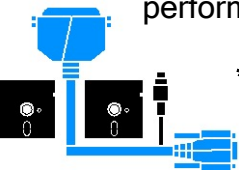
**\*Diploma Level:** Summer Component - Level (B) or Winter Component - Level (C) which can be obtained in approximately 6-8 months. The highest level of completion is Level (D) which covers all four seasons which can be obtained in 8-10 months.

NOTES: \_\_\_\_\_

## TechWORKS

*Prerequisites:* Must be a Level (B) completer to transfer into the Networking course.

**-Computer Tech:** Intensive instruction in computer service repair of desk top computers. Instruction is based on the *A+ Certification Manual* and is used as a course guide. Advanced students are selected as student employees in the enterprise Terabyte Computer Service Center and perform routine repair calls on center.

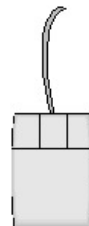


**\*Diploma Level:** Computer Service Repair Technician - Level (A) which can be obtained in 5-7 months. *Students are encouraged to sit for the National A+ Certification Exam.* The highest level of completion is Networking - Level (C).

NOTES: \_\_\_\_\_

**- Web Page Design:** Instruction in *HTML* and in depth training software to include *ADOBE, Dream Weaver, Fireworks* and *Flash*.

**\*Diploma Level:** Web Page Designer - Level (B) which can be achieved with in 4-6 months. The highest level of completion is Web Master -



in graphics

achieved with in 4-Level (C).

NOTES: \_\_\_\_\_

## Advanced Career Training (ACT)

Loring Job Corps Center actively encourages all students to continue their education to their highest attainment. The Center has agreements with University of Maine at Presque Isle and Northern Maine Technical College. We have a limited number of ACT slots available to students who meet the following criteria:



\*Diploma Level completer in vocation

\*TABE scores of 559 Reading 560 Math

\*Recommendation from Enterprise Team

\*Applied for and accepted Financial Aid

\*Accepted to University of Maine at Presque Isle or Northern Maine Technical College

\*Fulfilled the application process for Fall semester by July 15<sup>th</sup>

\*Fulfilled the application process for Spring semester by November 15<sup>th</sup>

## **DIRECTIONS:**

### ***LORING JOB CORPS CENTER FROM POINTS SOUTH***

Take Interstate 95 North until you reach the Houlton/Presque Isle Exit #62. Take this exit to the traffic light. Take a left. This is Route 1. Stay on Route 1 for approximately 28 miles until you come to the town of Mars Hill. Bear left at the blinking yellow traffic light. Continue on Route 1 approximately 14 miles toward Presque Isle. Travel straight through Presque Isle and continue on Route 1 to Caribou which is approximately 11 miles.

Travel straight through the first set of traffic lights until you reach the second set of lights where Route 1 becomes Route 89 (Access Highway). Do Not Turn! (You will see a Burger King and a McDonald's on your left.) Continue straight through the traffic lights toward Limestone. Travel through the first four-way yellow traffic light. Approximately 5 miles outside of Caribou you will come to a second four-way intersection with a yellow traffic light. There is a large sign that says Loring Commerce Center on the corner and a Mobil gas station on the left. Turn left onto the Sawyer Road. Travel approximately one mile until you come to another Loring Commerce Center sign on your right.

Turn right onto Northcutt Road. At the first four-way intersection turn right again onto Wienman Road. Take the second street on your left. The road takes a sharp curve to the right and there will be a large, three story brick building with a blue metal roof on your left. This is Katadin Hall. Take the second driveway to the front of the building and there will be a blue sign that says LJCC Administration. You should be facing the Community Safety (Security) Office where ALL VISITORS MUST SIGN IN. Feel free to use any available parking space in this lot.

THE HAVEN INN  
17 Virginia Place  
Loring Commerce Center  
207-328-4280

Family Owned and Operated  
By Harold and Rejeanne Thibodeau

*Rooms Include:*

Cable TV  
Refrigerator  
Microwave  
Continental Breakfast  
Coffee Pot (upon request)  
Free Local Calls

*Also Available:*

Suites  
Baby Cribs  
VCR Rentals  
Easy Access/Snowmobile Trails  
Queen Size Beds  
Cot (\$10 Additional Charge)

RATES AS OF OCTOBER 1, 2002 (prices subject to change)

*Single:* \$45.95

*Family Suite:* \$65.95 (two separate but adjoining rooms)

*Double:* \$50.95

*State Suite:* \$75.95 (\$5 for additional occupant)

Please call ahead for reservations to ensure room availability

Phone: 207-328-4280

Fax: 207-328-4283

E-mail: [r\\_krul@hotmail.com](mailto:r_krul@hotmail.com)

NO STUDENTS UNLESS ACCOMPANIED BY PARENT.

## Documents Checklist

We ask that if you have any of the following documents that you please bring copies with you. If you have already submitted any of the documents to your Career Advisor, you do not have to bring additional copies. There are also forms enclosed in the front pocket that need to be completed and brought with you to Loring Job Corps Center. Please use the following as a check list to inventory the documents that you may need.

- ☐ Parental Consent Forms *(Minors Only)*
- ☐ Emergency Medical Release Form *(Minors Only)*
- ☐ Enrollee Profile
- ☐ Personal Property Inventory List
- ☐ Clothing Inventory
- ☐ High School Transcripts
- ☐ Individual Educational Plan (IEP)
- ☐ Copy of High School Diploma/GED
- ☐ Immunization Records (shot records)
- ☐ Copy of Birth Certificate (with seal showing)
- ☐ Copy of Social Security Card (signed)
- ☐ I-94 (If applicable)
- ☐ Alien Registration Card (If applicable)

***\*\*Please bring this Pre-Arrival Packet and the documents needed with you to  
Loring Job Corps Center.***

**LORING JOB CORPS CENTER**  
**WEEKEND PASS DESTINATION AND TRANSPORTATION AUTHORIZATION FORM**  
*(For Minor Students)*

**Student's Name:** \_\_\_\_\_

This form allows you to specify the destinations which you will allow your son/daughter to visit on the weekends. It also allows you to list acceptable means of transportation to be used by your son/daughter when traveling to those destinations. You may choose to place **no restrictions** on your son/daughter by completing **Section A**. Use **Section B** if you wish to **restrict** your son/daughter to specific destinations and means of transportation.

**WEEKEND PASS DESTINATION AUTHORIZATION**

**SECTION A:** I choose to place no restrictions on where my son/daughter may go on the \_\_\_\_\_ weekends. He/she may go to destinations of his/her choice.

\_\_\_\_\_  
(AUTHORIZING SIGNATURE - PARENT OR GUARDIAN)

\_\_\_\_\_  
(DATE)

**SECTION B:** My son/daughter may only travel to the following destinations when leaving Loring Job Corps Center on a Weekend Pass:

HOME ADDRESS

Number & Street:

City & State:

Telephone #:

ALT. ADDRESS

Number & Street:

City & State:

Telephone #:

\_\_\_\_\_  
(AUTHORIZING SIGNATURE - PARENT OR GUARDIAN)

\_\_\_\_\_  
(DATE)

**WEEKEND PASS TRANSPORTATION AUTHORIZATION**

**SECTION A:** I choose to place no transportation restrictions on my son/daughter. He/she may use any means of transportation when traveling on a Weekend Pass.

\_\_\_\_\_  
(AUTHORIZING SIGNATURE - PARENT OR GUARDIAN)

\_\_\_\_\_  
(DATE)

**SECTION B:** My son/daughter may only use the following means of transportation when leaving center on a Weekend Pass. (Specify public bus, private car and driver's name, etc. If listed, a driver must identify him/herself upon arriving at the Center.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(AUTHORIZING SIGNATURE - PARENT OR GUARDIAN)

\_\_\_\_\_  
(DATE)

**LORING JOB CORPS CENTER**  
**Special Privileges Consent Form**  
*(For Minor Students)*

This form must be signed by the parent/legal guardian of any Job Corps student age 17 or younger. This combination form gives consent for your son/daughter under age 18 to participate in special privileges while in the program. Please read and sign each section initialing your approval or disapproval.

**LJCC PASS SYSTEM CONSENT**

Loring Job Corps has a pass system that allows for students to earn the privilege to go off center during non-class hours without staff supervision. If your son /daughter is under age 18, your signature is required to allow them to participate in this pass system. Please check off your approval/disapproval for your child to participate in this pass system, initial by your response and sign.

\_\_\_\_\_ Yes, my child has permission to participate in the pass system. \_\_\_\_\_ Initials

\_\_\_\_\_ No, my child does not have permission to participate in the pass system. \_\_\_\_\_ Initials

\_\_\_\_\_  
*Print Student's Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**LJCC RECREATION DEPARTMENT**  
**FIELD TRIP CONSENT**

The LJCC Recreation Department provides opportunities for students to participate in off center field trips, camping experiences and cultural events which are sponsored by LJCC and supervised by the Recreation Staff. Please check off your approval/disapproval for your child to participate, initial by your response and sign.

\_\_\_\_\_ Yes, my child has permission to participate in supervised off center trips. \_\_\_\_\_ Initials

\_\_\_\_\_ No, my child does not have permission to participate in supervised off center trips. \_\_\_\_\_ Initials

\_\_\_\_\_  
*Print Student's Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

## CABLE TV VIEWING CONSENT

Loring Job Corps Center subscribes to local cable TV service for the student dorms. Part of this programming includes programming which is rated "R" by the Motion Picture Industry. This rating group states that viewers under age 17 must be accompanied by or have written permission from a parent/guardian. In compliance with that requirement, we submit this form for your consent to allow your son/daughter under age 17 to view "R" rated programs. Please check off your approval or disapproval, initial by your response and sign.

\_\_\_\_ Yes, I give permission for my son/daughter to watch "R" rated programs. \_\_\_\_ Initials

\_\_\_\_ No, I do not give permission for my child to watch "R" rated programs. \_\_\_\_ Initials

\_\_\_\_\_  
*Print Student's Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**LORING JOB CORPS CENTER**  
Enrollee Profile

Name:				Arrival Date:			
Home Address:			City		ST	Zip	Phone:
Date of Birth:		Age:			ID Number:		
Are you:    Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>							
Do you have Children? Yes <input type="checkbox"/> No <input type="checkbox"/>					If Yes, how many?		
Are Your Parents:    Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/>							
Father's/Guardian's (Circle One) Name:						Occupation:	
Address:							
City		ST		Zip		Phone:	
Mother's/Guardian's (Circle One) Name:						Occupation:	
Address:							
City		ST		Zip		Phone:	
Do You Live With Your (Circle One) Parents          Guardians          (Circle One)          Yes          No							
If No, Why Not?							
Are You On Probation? (Circle One) Yes   No    If Yes, Please complete the following information:							
Probation Officer's Name:				Phone:			
Do You Have A Social Worker (Circle One) Yes   No    If Yes, Please complete the following information:							
Social Worker's Name:				Phone:			
Who Do You Want Notified In An Emergency?							
Name:			Relationship:			Phone:	
<b>ACADEMIC SECTION</b>							
What High School Did You Attend:					Did You Graduate:    Yes          No		
What Was The Highest Grade You Completed:				Would You Like to Study For A GED?    Yes    No			
<b>VOCATIONAL SECTION</b>							
Have You Ever Attended Job Corps Before? Yes   No					If Yes, Where?		
What Are Your Hobbies and/or Interests:							
Please List Your Skills:							
What Is Your Current Vocational Interest:							
Please List Jobs You Have Held In The Last Year:							
<b>COMPANY NAME</b>		<b>How Long Where You Employed</b>			<b>WAGE</b>		



LORING JOB CORPS CENTER  
**Clothing Inventory**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

ITEM	BRAND	COLOR	IDENTIFYING MARK	SIZE	VALUE	DATE PURCHASED	DATE UPDATED	STUDENT INITIALS	STAFF INITIALS

STUDENT SIGNATURE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

# LORING JOB CORPS CENTER

## Student Personal Property Inventory

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please list personal property that you have brought to this center that you consider of value. This list should include radio/stereo equipment, electronics, video games, personal appliances (hair dryers, etc.), jewelry items, leather jackets, and any other special items. During your stay on center, you will purchase more items that should be added to this list, that you consider valuable. No claim for items you feel have been stolen will be processed if those items do not appear on this sheet. Safety will be happy to assist you if you wish to mark items for further identification.

[illegible]

Dear Future Loring Job Corp Students:

You are about to begin a new exciting experience in your life. The Wellness Center is just one part of that experience. Change makes us all frightened and scared but the decision to come to Job Corp is the beginning of a new life for yourself. Be selfish with that decision about your future and go for the top!!

My name is Alma Argraves, I am the Wellness Center Manager. We welcome you to the Job Corps Wellness Center the following day after arrival. I will meet with you at the student arrival breakfast. While preparing for your arrival I would like you to be aware of a few things that would make your transition easier and enable the staff to have adequate information to better care for you while you're here on campus.

We recommend you bring a copy of your shot records and physical exam if done in past six months. Also bring the front and back photo copy of your hospital insurance card to be used in case of an off-center emergency E.R. visit or other doctor office visits. A minor consent form would be helpful to have in case of an emergency that would enable us to transport you immediately off center for emergency care. Job Corps does not have medical insurance. We offer basic medical care at the wellness center and the medical insurance is always billed first. If no medical insurance we can apply for Maine Care, a Medicaid program, for 16-20 year olds. We look at each case individually and attempt to meet your needs medically.

Upon arrival, you can expect to have a lab tests such as: HIV and syphilis. A skin test for T. B. is mandatory per Job Corps regulation. Included also is a urine drug test and for the female a urine pregnancy test. All STD and HIV as well as drug screen results are given in confidence.

An eye exam is administered and if vision results are 20/40 an appointment with the off-center optometrist is made and Job Corps pays for only the first pair of glasses. No contacts are paid for by Job Corps. Medications are administered by the wellness staff, however, it is recommended to bring a months supply of prescribed medications to accommodate your needs. Please obtain a doctors prescription stating the medications you are on to make it easier for our provider to re-prescribe your medications.

Thank you for your assistance with the above information. If any questions, please feel free to contact the Wellness Center at 1-888-216-2034 ext. 7433. Have a safe journey to Loring Job Corps. We are looking forward to making new friendships and keeping you healthy during your stay at Job Corps.

Sincerely,

Alma R. Argraves, R.N.  
Wellness Center Manager

To Whom It May Concern:

Enclosed is a minor consent form that would be helpful for Loring Job Corps Wellness Center to have in your son/daughter's record in the event of an emergency and for any off-center appointments. Your punctual return of this form would be much appreciated.

If fax is available please fax to 207-328-4231.

My sincere thanks,

Alma R. Argraves  
Wellness Center Manager

I, \_\_\_\_\_, (parent or legal guardian), hereby give consent for said minor, \_\_\_\_\_, to receive emergency care and any off-center specialty care not provided by the Loring Job Corps Center Wellness Center. To include laboratory testing, x-rays, eye exams, mental health evaluation and treatment, OB/GYN services, dental care that cannot be provided by the Wellness Center.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# MEASLES MUMPS & RUBELLA VACCINES

## WHAT YOU NEED TO KNOW

### 1 Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

#### Measles

- Measles virus causes rash, cough, runny nose, eye irritation, and fever.
- It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

#### Mumps

- Mumps virus causes fever, headache, and swollen glands.
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

#### Rubella (German Measles)

- Rubella virus causes rash, mild fever, and arthritis (mostly in women).
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

**Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.**

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

### 2 Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

- ✓ The first at **12-15 months of age**
- ✓ and the second at **4-6 years of age**.

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some **adults** should also get MMR vaccine:

Generally, anyone 18 years of age or older, who was born after 1956, should get at least one dose of MMR vaccine, unless they can show that they have had either the vaccines or the diseases.

Ask your doctor or nurse for more information.

MMR vaccine may be given at the same time as other vaccines.

### 3 Some people should not get MMR vaccine or should wait

- People should not get MMR vaccine who have ever had a life-threatening allergic reaction to **gelatin**, the antibiotic **neomycin**, or a **previous dose of MMR vaccine**.
- People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.
- Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.
- Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:
  - Has HIV/AIDS, or another disease that affects the immune system
  - Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer.
  - Has any kind of cancer
  - Is taking cancer treatment with x-rays or drugs
  - Has ever had a low platelet count (a blood disorder)

*Over . . .*

- People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine

Ask your doctor or nurse for more information.

## 4 What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

### Mild Problems

- Fever (up to 1 person out of 6)
  - Mild rash (about 1 person out of 20)
  - Swelling of glands in the cheeks or neck (rare)
- If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

### Moderate Problems

- Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- Temporary pain and stiffness in the joints, mostly in teenage or adult women (up to 1 out of 4)
- Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

### Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
  - Deafness
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage

## 5 What if there is a moderate or severe reaction?

### What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or behavior changes. Signs of a

serious allergic reaction include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 or 2 weeks after the shot.

### What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at **1-800-822-7967** or visit their website at <http://www.vaers.org>

## 6 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at <http://www.hrsa.gov/osp/vicp>

## 7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Immunization Program

# HEPATITIS B VACCINE

## WHAT YOU NEED TO KNOW

### 1 Why get vaccinated?

**Hepatitis B is a serious disease.**

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

**Hepatitis B vaccine can prevent hepatitis B.** It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

### 2 How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

About 1/3 of people who are infected with hepatitis B in the United States don't know how they got it.

### 3 Who should get hepatitis B vaccine and when?

- 1) Everyone 18 years of age and younger
- 2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic HBV infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

✓ **People should get 3 doses of hepatitis B vaccine according to the following schedule.** *If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.*

Hepatitis B Vaccination Schedule		WHO?		
		Infant whose mother is infected with HBV	Infant whose mother is <i>not</i> infected with HBV	Older child, adolescent, or adult
WHEN?	First Dose	Within 12 hours of birth	Birth - 2 months of age	Any time
	Second Dose	1 - 2 months of age	1 - 4 months of age (at least 1 month after first dose)	1 - 2 months after first dose
	Third Dose	6 months of age	6 - 18 months of age	4 - 6 months after first dose

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should *not* be given to infants under 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4-6 months. Ask your health care provider for details.

Hepatitis B vaccine may be given at the same time as other vaccines.



## 4

### **Some people should not get hepatitis B vaccine or should wait**

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to **baker's yeast** (the kind used for making bread) or to a **previous dose of hepatitis B vaccine**.

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.



## 5

### **What are the risks from hepatitis B vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

#### **Mild problems**

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

#### **Severe problems**

- serious allergic reaction (very rare)

## 6

### **What if there is a moderate or severe reaction?**

#### **What should I look for?**

Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic

reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

#### **What should I do?**

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at **1-800-822-7967** or visit their website at <http://www.vaers.org>.

## 7

### **The National Vaccine Injury Compensation Program**

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at

<http://www.hrsa.gov/osp/vicp>

## 8

### **How can I learn more?**

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** or **1-888-443-7232** (English)
  - Call **1-800-232-0233** (Español)
  - Visit the National Immunization Program's website at <http://www.cdc.gov/nip> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>



**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Disease Control and Prevention  
National Immunization Program

# DIPHTHERIA TETANUS & PERTUSSIS VACCINES

## W H A T   Y O U   N E E D   T O   K N O W

### 1 Why get vaccinated?

**Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria.** Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

**DIPHTHERIA** causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

**TETANUS (Lockjaw)** causes painful tightening of the muscles, usually all over the body.

- It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in about 1 out of 10 cases.

**PERTUSSIS (Whooping Cough)** causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

**Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases.** Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

### 2 Who should get DTaP vaccine and when?

**Children** should get 5 doses of DTaP vaccine, one dose at each of the following ages:

- ✓ 2 months                      ✓ 4 months                      ✓ 6 months
- ✓ 15-18 months                      ✓ 4-6 years

DTaP may be given at the same time as other vaccines.

### 3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
  - had a seizure or collapsed after a dose of DTaP,
  - cried non-stop for 3 hours or more after a dose of DTaP,
  - had a fever over 105°F after a dose of DTaP.

Ask your health care provider for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called **DT**.

### 4 Older children and adults

DTaP should not be given to anyone 7 years of age or older because pertussis vaccine is only licensed for children under 7.

But older children, adolescents, and adults still need protection from tetanus and diphtheria. A booster shot called **Td** is recommended at 11-12 years of age, and then every 10 years. There is a separate Vaccine Information Statement for Td vaccine.

## 5

### What are the risks from DTaP vaccine?

Getting diphtheria, tetanus, or pertussis disease is much riskier than getting DTaP vaccine.

However, a vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of DTaP vaccine causing serious harm, or death, is extremely small.

#### Mild Problems (Common)

- Fever (up to about 1 child in 4)
- Redness or swelling where the shot was given (up to about 1 child in 4)
- Soreness or tenderness where the shot was given (up to about 1 child in 4)

These problems occur more often after the 4th and 5th doses of the DTaP series than after earlier doses.

Sometimes the 4th or 5th dose of DTaP vaccine is followed by swelling of the entire arm or leg in which the shot was given, lasting 1-7 days (up to about 1 child in 30).

#### Other mild problems include:

- Fussiness (up to about 1 child in 3)
- Tiredness or poor appetite (up to about 1 child in 10)
- Vomiting (up to about 1 child in 50)

These problems generally occur 1-3 days after the shot.

#### Moderate Problems (Uncommon)

- Seizure (jerking or staring) (about 1 child out of 14,000)
- Non-stop crying, for 3 hours or more (up to about 1 child out of 1,000)
- High fever, over 105°F (about 1 child out of 16,000)

#### Severe Problems (Very Rare)

- Serious allergic reaction (less than 1 out of a million doses)
- Several other severe problems have been reported after DTaP vaccine. These include:
  - Long-term seizures, coma, or lowered consciousness
  - Permanent brain damage.

These are so rare it is hard to tell if they are caused by the vaccine.

Controlling fever is especially important for children who have had seizures, for any reason. It is also important if another family member has had seizures. You can reduce fever and pain by giving your child an *aspirin-free* pain reliever when the shot is given, and for the next 24 hours, following the package instructions.

## 6

### What if there is a moderate or severe reaction?

#### What should I look for?

Any unusual conditions, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If a high fever or seizure were to occur, it would usually be within a week after the shot.

#### What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at **1-800-822-7967** or visit their website at <http://www.vaers.org>.

## 7

### The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at <http://www.hrsa.gov/osp/vicp>

## 8

### How can I learn more?

- Ask your health care provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Immunization Program

Vaccine Information Statement

DTaP (7/30/01)

42 U.S.C. § 300aa-26

# POLIO VACCINE

## WHAT YOU NEED TO KNOW

### 1 What is polio?

**Polio is a disease caused by a virus.** It enters a child's (or adult's) body through the mouth. Sometimes it does not cause serious illness. But sometimes it causes *paralysis* (can't move arm or leg). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

Polio used to be very common in the United States. It paralyzed and killed thousands of people a year before we had a vaccine for it.

### 2 Why get vaccinated?

**Inactivated Polio Vaccine (IPV) can prevent polio.**

**History:** A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 20,000 cases of polio each year. **Polio vaccination was begun in 1955.** By 1960 the number of cases had dropped to about 3,000, and by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries sparked a world-wide effort to eliminate polio.

**Today:** No wild polio has been reported in the United States for over 20 years. But the disease is still common in some parts of the world. It would only take one case of polio from another country to bring the disease back if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, we need to keep getting our children vaccinated.

#### Oral Polio Vaccine: No longer recommended

There are two kinds of polio vaccine: **IPV**, which is the shot recommended in the United States today, and a live, oral polio vaccine (**OPV**), which is drops that are swallowed.

Until recently OPV was recommended for most children in the United States. OPV helped us rid the country of polio, and it is still used in many parts of the world.

Both vaccines give immunity to polio, but OPV is better at keeping the disease from spreading to other people. However, for a few people (about one in 2.4 million), OPV actually causes polio. Since the risk of getting polio in the United States is now extremely low, experts believe that using oral polio vaccine is no longer worth the slight risk, except in limited circumstances which your doctor can describe. The polio shot (IPV) does not cause polio. **If you or your child will be getting OPV, ask for a copy of the OPV supplemental Vaccine Information Statement.**

### 3 Who should get polio vaccine and when?

IPV is a shot, given in the leg or arm, depending on age. Polio vaccine may be given at the same time as other vaccines.

#### Children

Most people should get polio vaccine when they are children. Children get 4 doses of IPV, at these ages:

- ✓ A dose at 2 months      ✓ A dose at 6-18 months
- ✓ A dose at 4 months      ✓ A booster dose at 4-6 years

#### Adults

Most adults do not need polio vaccine because they were already vaccinated as children. But three groups of adults are at higher risk and *should* consider polio vaccination:

- (1) people traveling to areas of the world where polio is common,
- (2) laboratory workers who might handle polio virus, and
- (3) health care workers treating patients who could have polio.

Adults in these three groups who **have never been vaccinated against polio** should get 3 doses of IPV:

- ✓ The first dose at any time,
- ✓ The second dose 1 to 2 months later,
- ✓ The third dose 6 to 12 months after the second.

Adults in these three groups who **have had 1 or 2 doses** of polio vaccine in the past should get the remaining 1 or 2 doses. It doesn't matter how long it has been since the earlier dose(s).

Adults in these three groups who **have had 3 or more doses** of polio vaccine (either IPV or OPV) in the past may get a booster dose of IPV.

Ask your health care provider for more information.

## 4

### Some people should not get IPV or should wait.

#### These people should not get IPV:

- Anyone who has ever had a life-threatening allergic reaction to the antibiotics **neomycin**, **streptomycin** or **polymyxin B** should not get the polio shot.
- Anyone who has a severe allergic reaction to a polio shot should not get another one.

#### These people should wait:

- Anyone who is moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting polio vaccine. People with minor illnesses, such as a cold, *may* be vaccinated.

Ask your health care provider for more information.

## 5

### What are the risks from IPV?

Some people who get IPV get a sore spot where the shot was given. The vaccine used today has never been known to cause any serious problems, and most people don't have any problems at all with it.

However, a vaccine, like any medicine, could cause serious problems, such as a severe allergic reaction. *The risk of a polio shot causing serious harm, or death, is extremely small.*

## 6

### What if there is a serious reaction?

#### What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat

#### What should I do?

- Call a doctor, or get the person to a doctor right away.

- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call the VAERS toll-free number yourself at **1-800-822-7967** or visit their website at <http://www.vaers.org>.

Reporting reactions helps experts learn about possible problems with vaccines.

## 7

### The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, there is a federal program that can help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at <http://www.hrsa.gov/osp/vicp>

## 8

### How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Disease Control and Prevention  
National Immunization Program

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**  
**THIS NOTICE IS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996.**

We, the \_\_\_\_\_ Health Center, are required by law to maintain the privacy of your protected health information and to provide you, the Job Corps student, with notice of our legal obligations and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice (or any Revised Notice currently in effect). We have the right to change the terms of the Notice and to make those changes effective for all protected health information that we maintain. If we make changes to the Notice, we will issue you a Revised Notice at your assigned Job Corps location. This Notice is effective as of April 14, 2003. We may use and disclose medical information about you under certain circumstances listed below. In each case, we will share only the minimum information necessary.

Treatment, Payment, and Health Care Operations

**Treatment.** We may share the contents of your medical files, including date of visits, symptoms presented, diagnosis, medications prescribed, treatment given or recommended, and referrals to other health providers with other Health Center staff members so that we may effectively treat you and follow up on your care. In addition to sharing this information with Health Center nurses, doctors, dentists, mental health professionals, Trainee Employee Assistance Program (TEAP) specialists, or other health providers, we may share this information with Health Center clerks, receptionists, or other persons responsible for filing and entering data within the Health Center, and organizing patient flow and/or contacting you to set appointments or inform you of prescription availability or other medical information. We may share your prescription and other medical information with pharmacists or other providers of medicines or devices, and with Center drivers who pick up medications at pharmacies or other stores, for the purpose of obtaining prescriptions, other medications, and devices for you. We may share information with medical laboratories necessary in identifying specimens for the purpose of testing. Center health care providers also may share your health information with specialists or other off-Center health care providers for purposes of consultation or referral.

**Payment and Health Care Operations.** We may share the contents of your medical files, including referral and other information about care you received off-Center, with Medicaid and/or private insurance companies for the purposes of facilitating your access to health services not provided or paid for by Job Corps. We also may share information about illness or injuries you may incur in the performance of your duties with workers' compensation coordinators, for the purpose of determining your eligibility for benefits, the payment to you of benefits, and the provision of care to you under those benefits.

### Other Uses and Disclosures for Which Consent, Authorization, or Opportunity to Agree or Object is Not Required

In addition to the above uses and disclosures of your medical information, Federal law permits us to disclose medical information about you under the following circumstances:

- we may use or share any information required by law;
- we may share information about infection, disease or other conditions with public health departments authorized to receive such health information, as well as information about failure to follow prescribed treatments for these cases of infection or disease, to assist them in preventing or controlling health conditions and tracking vital events;
- we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services;
- we may share information for certain public health activities, including for purposes related to the quality, safety, or effectiveness of products regulated by the Food and Drug Administration;
- we may share information with government authorities about individuals we believe may be victims of abuse, neglect, or domestic violence;
- we may share information for health oversight activities, including audits, licensing, and inspections of the Health Center, and determinations of our compliance with the medical privacy rules by the U.S. Department of Health and Human Services;
- we may share information in certain court proceedings;
- we may share information for law enforcement purposes;
- we may share information with a coroner, medical examiner, or funeral director to enable those people to perform their jobs with respect to people who have died;
- we may share information with organ donor organizations as necessary to allow authorized organ, eye, or tissue donations from people who have died;
- we may share information for certain approved limited research purposes;
- we may use or share information to avert a serious threat to health or safety;
- we may share information for workers' compensation purposes;
- we may share information for certain specialized government functions, including certain military or national security uses.

Other uses and disclosures will be made only with your written authorization. Job Corps requires you to authorize certain other uses and disclosures of your protected health information as a condition of enrollment in Job Corps. Those uses and disclosures are outlined in a written Authorization form that you have signed already, or that we will ask you to sign. You may revoke your authorization for these uses and disclosures, in writing, at any time, unless we have relied on the Authorization. Please note, however, that Federal law permits Job Corps to condition enrollment in its programs on receiving a valid authorization from you of certain uses and disclosures of your protected health information. Although the Health Center must honor any withdrawal of authorization you make, and cannot condition treatment on your authorization, such a withdrawal may affect your continued enrollment in Job Corps. Also, you may be asked to sign other voluntary authorizations. You may revoke a voluntary authorization, in writing, at any time, unless we have relied on that authorization.

## Your Rights

**The right to request restrictions.** You have the right to request restrictions on certain uses and disclosures we make of your protected health information for treatment, payment, or health care operations, and may request restrictions on disclosures to family members or friends relevant to your care. However, in most instances the Health Center is not required to agree to your request. Generally, your health information will not be disclosed to family members or friends if you object to such disclosure, but in an emergency or other circumstance in which we cannot obtain your agreement, we may disclose limited information if it appears necessary for your care, consistent with State law. In addition, in case of a disaster, your health information may be shared with the Red Cross or other public or private entities assisting in disaster relief efforts for the purpose of notifying your family members or other loved ones of your location, general condition, or death. Furthermore, if you are a minor, we may be required to share health information about you with your parent or guardian, although some types of information you may be able to restrict us from sharing with your parent or guardian. (We will follow State laws in those instances.)

**The right to receive your health information confidentially.** You have the right to receive your health information privately. For example, if you are expecting a letter containing information from your doctor to arrive at your mailbox, and you share a mailbox with others and do not wish for others to discover the letter, you may request that the letter be delivered to you in another way or at another location, or you may arrange to pick up the letter.

**The right to inspect and copy your health information.** You have the right to look at and get a copy of your health information for as long as we maintain those records. However, under the law, we may deny you access to certain types of information, including psychotherapy notes kept by mental health professionals, information compiled in anticipation of a civil, criminal, or administrative action, certain information related to clinical or research studies, and classified information. Denials of this nature are final. In addition, we may deny you access to your health information if a health care provider believes that providing the information is likely to endanger the life or physical safety of you or someone else, or, if your information refers to someone else, the access requested is likely to cause substantial harm to that person. Also, if your personal representative requests access to your health information, we may deny that person access if a health care provider believes the access is likely to cause substantial harm to you or another person. You may have denials of this nature reviewed by another health provider who was not involved in the initial denial decision, and we will abide by the decision of that reviewer.

**The right to amend your health information.** You have the right to have us amend (correct or clarify) your health information that we keep in our records, for as long as we maintain those records. In most circumstances, however, if you ask us to change, add, or delete certain information that we did not create, or that is not a part of your record, or that you are not permitted to access, we do not have to make the amendment. Furthermore, we do not have to make any changes you request that would cause your record to be anything other than accurate and complete.



**The right to be informed of disclosures we make of your health information.** You have the right to know what health information we have given to others about you for the six years prior to the date of your request. Certain exceptions apply. For instance, we do not have to tell you of instances in which we have disclosed information for purposes of treatment, payment, or health care operations, or information that we gave directly to you or your representative, or certain directory information and information given to persons involved in your care, or information disclosed for national security purposes, or to law enforcement or corrections officials, or disclosures we made before we were required to comply with these notice standards.

**The right to receive a paper copy of this notice.** You have the right to request and receive a paper copy of this notice.

**The right to complain about our use of your health information pursuant to the Health Insurance Portability and Accountability Act of 1996.** You may complain to us and to the Secretary for the U.S. Department of Health and Human Services if you believe your privacy rights pursuant to the Health Insurance Portability and Accountability Act of 1996 have been violated. To file a complaint with us or to request further information regarding your rights to privacy in your health information, please contact

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(designated Health Center privacy official: name, title, phone number)

In addition, you may file a complaint with the Secretary for Health and Human Services within 180 days of the date you learn of our objectionable action or omission. You must put your complaint in writing, you must name us specifically (including the name of your Job Corps Center), and you must describe what we have done to which you object.

### **Where To File Complaints Concerning Health Information Privacy**

If your Job Corps Center is located in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, or Vermont:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Government Center, J.F. Kennedy Federal Building, Room 1875  
Boston, MA 02203  
Voice phone (617) 565-1340  
FAX (617) 565-3809  
TDD (617) 565-1343

If your Job Corps Center is located in New Jersey, New York, Puerto Rico, or Virgin Islands:

Office for Civil Rights,  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312  
New York, NY 10278  
Voice phone (212) 264-3313  
FAX (212) 264-3039  
TDD (212) 264-2355

If your Job Corps Center is located in Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, or West Virginia:

Office for Civil Rights  
U.S. Department of Health and Human Services  
150 S. Independence Mall West, Suite 372  
Public Ledger Building  
Philadelphia, PA 19106-9111  
Main Line (215) 861-4441  
Hotline (800) 368-1019  
FAX (215) 861-4431  
TDD (215) 861-4440

If your Job Corps Center is located in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303-8909  
Voice phone (404) 562-7886  
FAX (404) 562-7881  
TDD (404) 331-2867

If your Job Corps Center is located in Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin:

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Voice phone (312) 886-2359  
FAX (312) 886-1807  
TDD (312) 353-5693

If your Job Corps Center is located in Arkansas, Louisiana, New Mexico, Oklahoma, or Texas:

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Voice phone (214) 767-4056  
FAX (214) 767-0432  
TDD (214) 767-8940

If your Job Corps Center is located in Iowa, Kansas, Missouri, or Nebraska:

Office for Civil Rights  
U.S. Department of Health and Human Services  
601 East 12th Street, Room 248  
Kansas City, MO 64106  
Voice phone (816) 426-7278  
FAX (816) 426-3686  
TDD (816) 426-7065

If your Job Corps Center is located in Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming:

Office for Civil Rights  
U.S. Department of Health and Human Services  
1961 Stout Street, Room 1185 FOB  
Denver, CO 80294-3538  
Voice phone (303) 844-2024  
FAX (303) 844-2025  
TDD (303) 844-3439

If your Job Corps Center is located in American Samoa, Arizona, California, Guam, Hawaii, or Nevada:

Office for Civil Rights  
U.S. Department of Health and Human Services  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
Voice phone (415) 437-8310  
FAX (415) 437-8329  
TDD (415) 437-8311

If your Job Corps Center is located in Alaska, Idaho, Oregon, or Washington:

Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue, Suite 900  
Seattle, WA 98121-1831  
Voice phone (206) 615-2287  
FAX (206) 615-2297  
TDD (206) 615-2296

If you would like to file a complaint by e-mail, send it to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

For more information, please contact Lester Coffey, Office for Civil Rights, Department of Health and Human Services, Mail Stop Room 506F, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, DC 20201. Telephone number: (202) 205-8725.

**The right to complain about our use of your health information pursuant to the Rehabilitation Act of 1973.** You may complain to the Director of the Civil Rights Center, U.S. Department of Labor if you believe your rights pursuant to the Rehabilitation Act of 1973 have been violated. To file a complaint or to request further information regarding your rights to privacy in your health information, please contact:

Ms. Annabelle Lockhart, Director  
Civil Rights Center  
U.S. Department of Labor  
200 Constitution Avenue, N.W., Room N-4123  
Washington, D.C. 20210  
Voice phone: (202) 693-5602  
TTY: (202) 693-6515

We are here to help you succeed and we will not take any negative action against you for making a complaint, whether you complain to us, to the Secretary for Health and Human Services, to the U.S. Department of Labor, or all three.

#### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I, \_\_\_\_\_, have received a copy of this Notice. I have read this Notice and I understand that it explains how my health information may be used and shared with others, and what my rights are with respect to my health information.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**AUTHORIZATION  
FOR USE AND DISCLOSURE OF  
YOUR HEALTH INFORMATION  
AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND  
ACCOUNTABILITY ACT OF 1996**

We, the \_\_\_\_\_ Health Center, are prohibited by Federal law from using or disclosing your personal health information (except for the uses and disclosures listed in a Notice you have received or will receive), unless you authorize us to share this information with others. This Authorization lists the uses and disclosures of your health information that may be required during your participation in the Job Corps program. Your signature on this document authorizes us to use and disclose your health information in the situations described in this document.

Job Corps requires applicants to sign this Authorization as a condition of enrollment in the Job Corps program. You have the right to revoke this Authorization by notifying us in writing, except if we have relied on the Authorization. You may submit a written revocation of this Authorization to \_\_\_\_\_. We will provide you with health services regardless of whether you revoke this Authorization or any part of it, as long as you are a Job Corps student. However, revoking this Authorization may result in dismissal from Job Corps. If you are dismissed from Job Corps, we will no longer provide you with Health Center services.

**Please note that health information that we share with others under this Authorization may, in certain circumstances, be further disclosed, and may no longer be protected by applicable health privacy standards.** This Authorization will be effective from the date of your signature and will remain in effect, unless revoked, until three years after you have separated from Job Corps, in accordance with the Job Corps document retention policy.

By signing this document, you authorize us to share your personal health information with others in a number of circumstances. These circumstances are listed below. In each circumstance, we will share only the minimum amount of information needed to accomplish the purposes described. We will share information only with people who need to know this information. Nothing in this Authorization allows anyone to share your entire medical file with anyone else, unless that is the minimum amount of information necessary to accomplish the purposes described. Also, nothing in this Authorization allows anyone to share information about you if it is not lawful to share that information.

The law requires us to identify the person or class of persons, who are authorized to use or disclose protected health information with someone else. In each circumstance in which we share information, a Health Center health care provider or Health Center staff member, including the head of the Health Center, will convey the information. These people may be doctors, nurses, dentists, mental health professionals, or other health care providers; Health Center receptionists, recordkeepers, or other administrative staff; or Health Center supervisors or managers.

The following is a list of ways information may be used or disclosed:

**1. We may share with the Center Director information about your physical and mental health, including any diagnosis and any recommended accommodations or modifications.**

This information may be shared only if it has an effect on the operation of the Center or any of its staff, or any other Job Corps student, and only if the Center Director would need to know the information for purposes of managing such an effect appropriately. The types of information may include information about the following conditions, among others: contagious diseases, including sexually transmitted diseases; positive illegal drug or alcohol screens; pregnancy; suicidal or homicidal thoughts or other life-threatening situations; and disability. The Center Director, as the supervisor of all other Center personnel, also may be informed of any information that we share with other Center staff persons, to ensure appropriate use of the information, as described in this Authorization.

**2. We may share with Academic, Vocational, and Career Counseling staff information about certain health conditions.** We may share information about a present health condition that may be aggravated by the activities being supervised or conducted by Academic and Vocational staff persons or that could cause harm to yourself or another student, for the purpose of avoiding such health aggravation or harm. In addition, if you make a request for an accommodation or a modification in your academic or vocational training, we may share that request and the minimum health information necessary to support that request with members of the Academic and Vocational staff for the purpose of fulfilling your request. To the extent that present health restrictions in the academic or vocational programs or your requests for accommodation or modification could affect your overall vocational or academic plan or goals, or could discourage you from pursuing your existing plans or goals, we may share this limited health information with members of the Career Counseling staff for the purpose of encouraging you to select, remain in, or return to programs you are able to complete. Career Counseling staff, however, will not use this limited health information to "steer" students into stereotypical programs based on their health conditions.

**3. We may share with Career Transition staff information about certain health conditions, as described below.** This information may be shared when you are absent from or on leave from Job Corps or have been separated from Job Corps for purposes of assisting you in meeting your own health needs away from the Job Corps Center, and ultimately assisting you in obtaining career opportunities outside of the Job Corps program. Information we may share includes the following: mental health information (excluding psychotherapy notes), including information about medications that may alter mental functioning; information about pregnancies, diseases (including HIV), medication management, and illegal drug use or alcohol abuse (including drug test results); information about accommodations or modifications you have requested, whether for a disability or for any other health condition; oral health information, including treatment plan and appointments; and any health information that may be responsible for a leave of absence from Job Corps or your separation from Job Corps. We may share this information for the purpose of helping you identify community health, housing, child care, support groups, affinity job clubs, social organizations, or other community resources that may assist you in staying healthy and obtaining and keeping employment. In addition, this information may be

shared for the purpose of following up with you regarding your independent living needs as well as to encourage you to return to Job Corps, if possible.

**4. We may share with Residential Living staff (including counselors), Trainee Employee Assistance Program (TEAP) specialists, and Mental Health staff (including mental health consultants) information about certain health conditions, as described below.** This information may be shared for purposes of assisting you in meeting your own health needs while on Center. Information we may share includes the following: mental health information (excluding psychotherapy notes), including information about medications that may alter mental functioning; information about pregnancies, diseases (including HIV), medication management, and illegal drug/alcohol use (including drug test results); information about accommodations or modifications you request, whether for a disability or for any other health condition; and oral health information, including treatment plan and appointments. We may share each piece of information only with particular staff members that need to know this information to assist you or to avoid an emergency.

**5. We may share with Food Service staff information about your dietary needs, including information about allergies, weight management, diabetes management, and other diet needs or recommendations.** This information may be shared for purposes of avoiding medical emergencies and ensuring you are provided with appropriate food and nutrition. We will share this information only if you have a specific dietary need arising from or related to a health condition.

**6. We may share with Residential Living staff information about medications, allergies, medical (including mental) conditions that may warrant emergency, or other immediate care, accommodations or modifications requested, or infectious/contagious diseases.** We may share this information for the following purposes: assisting you with your medication schedule or other health needs; protecting other students from infection or contagion; providing you with an appropriate environment for allergy control, including, if necessary, appropriate personal products; and ensuring that you receive requested accommodations or modifications in your living quarters for any disability. In addition, if you have a condition for which medication is prescribed for you, and you do not take that medication after you have been instructed to do so, and your uncontrolled condition may result in an unwarranted risk to yourself or others, we may share information about your condition and your failure to take your medication with disciplinary staff, including the Center Standards Officer.

**7. We may share with Safety and Security staff, including federal safety officers, information about illegal drug use or alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including positive drug or alcohol test results, information about any injury or illness you incur in the performance of your duties at Job Corps, and information about medical or mental health conditions only if such conditions may assist in explaining harmful or unusual behavior you display.** We may share this information for the purpose of preventing further access by you or other students to illegal drugs, correcting or preventing environmental or other hazardous conditions that may cause injury or illness to you or other students, and managing harmful or unusual behavior (that

may pose a threat to you or others) appropriately for your individual circumstance. In addition, we may share information about your allergies to foods, drugs, insect venom, or other substances for the purpose of appropriately managing emergency situations that may arise due to an allergic reaction, as well as attempting to prevent such situations.

**8. We may share with Recreational staff information about allergies, asthma, or other health conditions, to the extent that those conditions may contribute to a medical emergency while participating in certain recreational activities. In addition, we may share information about the results of any sports physical or other examination you may have been required to have in order to participate in certain recreational activities.** We may share this information for purposes of helping to ensure your safety while participating in sports or other recreational activities, and to help ensure that activities you are asked or required to do are not dangerous for you.

**9. We may share with a Trainee Employee Assistance Program (TEAP) specialist information about illegal drug use or alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including positive drug and alcohol test results, and information about medications you may be taking.** We may share this information for purposes of assisting you in appropriate medication management and avoiding unhealthy drug dependencies.

**10. We may share with Student Records and Data Management staff information about a health condition that causes you to be absent from or take leave from Job Corps, or that results in your medical separation from Job Corps.** Medical information documenting the reasons for absences may be shared for purposes of accounting for your health-related absence from Job Corps, as well as to assist Center staff in evaluating your possible re-enrollment in Job Corps after a medical separation. Only the information necessary to accomplish these purposes may be shared.

**11. We may share information about illegal use of drugs and alcohol abuse (underage alcohol use or disruptive or other inappropriate consumption by legal drinkers), including the results of any drug test.** (Job Corps has a Zero Tolerance policy for illegal drug use and alcohol abuse. This means you may be expelled from Job Corps for illegal use of drugs or for alcohol abuse.) This information may be shared with a wide variety of people, including other medical testing facilities, the Center Standards Officer and other disciplinary staff (including members of the Review Board who review proposed disciplinary action), law enforcement officers, probation officers, Center Safety and Security staff, the Center Group Life manager, members of the Academic and Vocational staffs, members of the Student Records and Data Management staff, Center and off-Center mental health, rehabilitation, or support group personnel, and employees of the U.S. Department of Labor and their contractors. We may share this information with any of the above individuals, for any of the following purposes: verifying that the results of a drug/alcohol test are accurate; enforcing the Zero Tolerance policy by determining whether you have used illegal drugs or abused alcohol and, if so, determining the appropriate consequence (including appeals of that consequence); referring you to Center or off-Center mental health professionals, counselors, and/or addiction support groups; preventing



further access by you or other students to illegal drugs or alcohol; assisting in compliance with local, state, or federal law; assisting you in managing your social life, education, and career without using illegal drugs or abusing alcohol; identifying illegal drug use or alcohol abuse trends among Job Corps students; and documenting illegal drug use and alcohol abuse in your student records to account for resulting consequences, as well as for purposes of determining your eligibility for re-enrollment in Job Corps.

**12. We may share information with others if you request us to do so.** We will ask you for a separate Authorization in that case.

**13. We may share limited amounts of health information about you with Job Corps Center or Department of Labor personnel, or their contractors, for the purposes of resolving internal grievances or disputes, to the extent that the health information is a subject of the dispute.**

**14. Nothing in this Authorization authorizes us to share psychotherapy notes about you, except as allowed by federal law.** Psychotherapy notes are notes made by a health care professional about the contents of a private counseling session or a group, joint, or family counseling session that are kept separate from your medical record. These notes do NOT include information about your medications, counseling session start and stop times, type and frequency of any treatment, clinical test results, and any summary of the following: diagnosis, ability to function, treatment plan, symptoms, prognosis (outlook), and your progress. (This information may be shared as provided in the Notice and this Authorization.) If we believe that we should share psychotherapy notes for a purpose that requires your authorization, we will ask you to sign an authorization for that particular circumstance. Refusal to give us an authorization to share psychotherapy notes about you will not affect your eligibility to continue in Job Corps.

**15. Nothing in this Authorization authorizes us to share your health information for other purposes.** For instance, this Authorization does not permit us to share your health information for purposes of determining your selection for Job Corps, your enrollment at any particular Job Corps Center, your career choices (unless you require reasonable accommodations to perform the essential functions of a job), or any other purpose not set forth in this Authorization. However, other law or policies may govern these purposes. Again, we will share only the minimum amount of information necessary to accomplish the purposes described.

#### Other Routine Uses

In addition to the above uses and disclosures of your medical information (and the uses and disclosures listed in the Notice you have received or will receive), we may disclose any and all medical information about you under the following circumstances:

- we may share information with state and federal law enforcement agencies or other government investigators to assist them in locating you or your family;

- if you are a minor, we may share information with your parent(s) or guardian(s), if not prohibited by law;
- we may share information with social service agencies in cases of a student's termination in order to provide services such as Medicaid.

#### AUTHORIZATION

I, \_\_\_\_\_, have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

#### AUTHORIZATION BY PARENT OR GUARDIAN (IF A MINOR)

I, \_\_\_\_\_, am a parent or guardian of the individual named above. I have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my child's (or charge's) health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**AUTHORIZATION  
FOR USE AND DISCLOSURE OF  
YOUR HEALTH INFORMATION**

We, \_\_\_\_\_, are prohibited from sharing your  
(Name of entity)

personal health information (except as indicated in a Notice you have received or will receive), unless you authorize us to share this information with others. We are asking you to allow us to use or share certain health information about you, as described below. You do not have to sign this Authorization if you do not want to. We will not condition treatment on whether you sign this Authorization (unless you are receiving treatment because you are participating in a research study, or unless the purpose of the treatment is to obtain information specifically for the purpose of sharing it with a third party, such as your family doctor). If you do sign this Authorization, you have the right to change your mind and revoke this Authorization, unless we have relied on this Authorization already. You may revoke this Authorization by submitting your revocation in writing to \_\_\_\_\_.

(Name and title)

We will share only the information needed to accomplish the purposes described below. It is possible that the person or people with whom we share your information under this Authorization might share the information with someone else. If that happens, it is possible that the information might no longer be protected by medical privacy rules. In certain circumstances, other federal, state, or local law may prevent us from sharing information about you, even though you have authorized us to share this information. In those circumstances, we will not share health information about you.

**The information we will use or share is as follows:**

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(Description of information to be used or disclosed - must identify the information in a specific and meaningful fashion.)

**The people who will give out the health information are the following:**

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(Name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.)

**We may share the health information described with the following people:**

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(Name or other specific identification of the person(s) or class of persons to whom the covered entity may make the requested use or disclosure.)

**The reasons why we will share the health information are as follows:**

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(Description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.)

**This Authorization will be effective from the date of your signature until**

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(Expiration date of Authorization, or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research depository.)

**AUTHORIZATION**

I, \_\_\_\_\_, have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**AUTHORIZATION BY PARENT OR GUARDIAN (IF A MINOR)**

I, \_\_\_\_\_, am a parent or guardian of the individual named above. I have received a copy of this Authorization. I have read this Authorization and I understand that it explains circumstances in which I permit my child's (or charge's) health information to be used and shared with others. I authorize the uses and disclosures described in this Authorization.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Notice to users of this form:** Contractors and subcontractors of the U.S. Department of Labor should consult their legal counsel in determining whether and how this form may be used in any particular circumstance. The U.S. Department of Labor makes no representations as to the legal sufficiency of this form with respect to any given use or disclosure of information. Contractors and subcontractors are responsible for determining whether they are subject to the HIPAA Privacy Rule and administrative data standards of 45 C.F.R. Parts 160-164, and for complying with those regulations, if applicable.